

PARKS AND RECREATION REGISTRATION FORM

(Please Print) Parent/Guardian Na	me	Spouse	 	
Address	<i>C</i> itv	State Zip		
Home Phone	Mom's Work Phone	Dad's Work Phone	Emergency Phone	
t-mail address Emergency Contact	Person	 Relationship		
refunds will be issue Refunds will be issue otherwise stated). N in the program. A do A \$2 administrative	d in such instances. d only if request is made l No refunds will be given af octor's note is required fo	by the weekday prior to ter class/program begin r an injury refund and re d. All refund claims are	the required minimum particip the beginning of the class/pro s unless an injury prohibits pa efund is subject to pro-rating. subject to the State Board o	ogram (ui rticipati
Register A: FNo	ame LName		_ Sex: M / F Birthdate	
	_			_
Class Code	Fee	Class Code		Fee
1.		5.		
2.		6.		
3.		7.		
4.		8.		
Register B: FNa	ime LNam	e	Sex: M / F Birthdate	
Class Code	Fee	Class Code		-ee
1.		5.		
2.		6.		
3.		7.		
4.		8.		
Desister Co Fhlor			Carry M. / E. Direkh daka	
-			Sex: M / F Birthdate	_
Class Code	Fee	Class Code		Fee
1.		5.		
2.		6.		
3.		7.		
4.		8.		
Yes I want to	make a donation to the	e Columbus Park Four	ndation - AMOUNT \$	

If mailing send to: Columbus Parks & Recreation • P.O. Box 858 • Columbus, IN • 47202 Attn: Registration